#### FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This regort is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, lines, or civil penalties as provided by 29 U.S.C. 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2 Fiscal Year Covered From:

7/1/04 Through 6/30/05

Name and address of person thing  ame Bernadette Williams  O Box Bigg Room No. if any Stet 11  Greet 1501 Casho mill Rd.  All Newark  Isle De ZIP Coce + 1971/  Position in labor organization Vice President	4 Name, the number, and accress of libor organization  Name UFC W Local #27  Labor Organization File Number 5/5009  P.C. Box, Building and Room Number, it any  Street 21 West Rd.  City Toucan  State Md. ZIP Code + 4 Z/204
O BOX, BIOG., ROOM NO, if any Ste# 11 sees 1501 Casho mill Rd.	Labor Organization File Number 3/5009  P.C. Box, Building and Room Number, if any  Street 2/ West Rd.  City Tausan
neer 1501 Casho mill Rd.	Street 21 West Rd.
neer 1501 Casho mill Rd.	Street 21 West Rd.
neer 1501 Casho mill Rd.	City Tauson
ise De ZIP Coce + 19711	City Tauson
21P Coce + 4 / 9 7 / /	70000 1 71714
	State 77 - 21 Cuce + 4 2 / 20 7
Position in labor organization Vice President	/ Kegional Director
,	spouse or minor child directly or indirectly had any of the following interests
(except as specified in the s	axilusions set forth in the instructions):
Held an interest in, engaged in transactions (including loans) with onetary value from an employer whose employeds your organi	, or derived income or other economic benefit of zation represents or is actively seeking to represent.
Name and address of Employer (including trade name, it any).	7 ≥ Nature of Interest, Transaction, or Income.
lame	
rade Name, if any	
O. Box, Bidg., Room No., If any	
5. 55x, 5-1g, 1.65, 1.54,	7.b. Amount
Street .	
City	
State ZiP Code + 4	
Signature	
	ty of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Sound lette William	ns	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8 Name and address of Business (including trade name if any)  Name UFCW Tre-States Rension	& Business deals with	
Name UFCW 120- & Carlot for Level	a Labor Organiz	Shoo
Trade Name, if any:	Irusi	
P.O. Box, Blag., Room No., if any	c. Employer	
Sueet		,
City		,
State ZIP Code ~ 4		
10. If 9 bill or 9 cilis checked give trust or employer's name	11 a Nature of such dea	ming membership due
Name UFCW Tri-State Pensian Fund	1 tonation	2005 membership deels.
Trade Name, if any:	Tri-State	Pensian Lund dues.
PO Box, Blog., Room No., if any Sciente # 100		
Street 27 Roland ave	11 b. Approximate dellar va	alue of such dealing #48, 08
City mount Laurel		
State 77 g ZIP Code - 4 08 45 4-1056	atmitte	To Loundation
		70 4.00
	· 	
	12 b Amount,	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment	
induding trade name, if any)		
Name	· · · . · . · . · · . · · · ·	
Trade Name, if any		
P.O. Box, Bldg , Room No , if any		
Street		
City		

14 b. Amount of payment

13.p. is the Business an Employer

ZIP Code + 4

or Consultant

State

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READ THE INSTRUCTION'S CAREFULLY BEFORE PREPARING THIS REPORT.

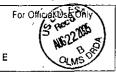
1. File Number 0 - 13/3/3	2, Fiscal Year Covered From:	
	7 / 1 / 2004 Through: 6 / 30 / 2005	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Bernadette A Williams	Name UFCW Rocal #27	
•	Labor Organization File Number 55/5009	
P.O. Box, Bldg., Room No., if any Suite 11	P.O. Box, Building and Room Number, if any	
Street 1501 Casho mill Kl.	Street 21 West Rd.	
City Newark	City Tausas	
State : De ZIP Code + 4 : 19 7/1	State MD . ZIP Code + 4 21204	
5. Position in labor organization. Wice Rresedent	/ Regional Director	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose amployees your organization.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Sigr	ature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Gernadette William'S	On 8-12-2005 302-292-6670 X / 3  Date Telephone Number	
	<u> </u>	

Name of Person Filing Beanalette Well	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name **Intel Food Cannewallworkers**  Trade Name, if any: **Keyernal Renewark Fund  P.O. Box, Bidg., Room No., if any  Street **State**  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name UFCW Regional Renaison Lund  Trade Name, if any: SAMP  P.O. Box, Bldg., Room No., if any Suiter 100	yearly dues for Trustee 2005		
Street 27 Roland and.			
NATE OF THE SECOND SECO	11.b. Approximate dollar value of such dealing.		
City Marie at Soul	12 a Nature of interest hold or income received		
State Wit ZIP Code + 4 08054-1056	12.a. Nature of interest held or income received.  Nearly due 2005  12.b. Amount.		
State ZIP Code + 4 08as 4-1as 6	r parts A and B above)		
State 10-1 ZIP Code + 4 08054-1056	r parts A and B above)		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	r parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No , if any	r parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name:  Trade Name, if any:  P.O. Box, Bldg., Room No, if any  Street	r parts A and B above) or other thing of value.		

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number 11 : 1220	2. Fiscal Year Covered From:	
1. File Number U - 13753		
	7/1/04 Through: 6/30/05	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Bernadette A Williams	Name MFCW Rocal 27	
	Labor Organization File Number 5/5009	
P.O. Box, Bldg., Room No., if any	P:O. Box, Building and Room Number, if any	
Street 1501 Casho mill Rd.	Street 21 West Rd.	
City Newark	City Tausan	
State   ZIP Code + 4: /97//	State Md ZIP Code + 4 - 2/204	
5. Position in labor organization. Vice President /	Regional Director	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
The constraints on break transcription and the state of any in white one admit taken to the	7.b. Amount.	
Street		
City		
State ZIP Code + 4 3		
Sign	nature ·	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	Perjury and other applicable penalties of the law, that all of the information	

Soundette Williams

Name of Person Filing Sounadette Welled	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Kick m Ginly - VICE Rus/ Labor Robert	بند.	
Trade Name, if any PATHMARK STORES Inc.	a. Labor Organization b. Trust	
P.O. Box, Bidg., Room No., if any	c. Employer	
Street 200 milk St.	L. Chipioya	
Cry Carteret		
State   N =   ZIP Code + 4 10 7008	••	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing,	trop alsonagenstates — where is processored in the habiter are instituted by the action in the
Name Pathmuk	Collective Bargain	Equenced.
Trade Name, if any: Same as above.	Collection Gargany	,
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	34. orindden
City Sh	12.a. Nature of interest held or income receive	
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State ZIP Code + 4	a an annual angular ne a para angular taka bahari naha di matit ne ankaba sa may panyunga, mangura pangung bahabat na masahana B	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	Business Meal  12.b. Amount.  er parts A and B above)	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	Business Meal  12.b. Amount.  er parts A and B above)	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Business Meal  12.b. Amount.  er parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	Business Meal  12.b. Amount.  er parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	Business Meal  12.b. Amount.  er parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room Nc., if any	Business Meal  12.b. Amount.  er parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room Nc., if any  Street	Business Meal  12.b. Amount.  er parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room Nc., if any  Street  City	Business Meal  12.b. Amount.  er parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room Nc., if any  Street	Business Meal  12.b. Amount.  er parts A and B above) or other thing of value.	

## FORM LM-30

## LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

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1 .	- COLMS 9

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

File Number 11 - 12 - 72	2 Fiscal Year Covered From:
File Number U - /3 753	7/1/04 Through 6/30/05
Name and aggress of person filing	4 Name, file number, and appress of labor organization
ame Bernadette Williams	Name UFCW Local 27
	Labor Organization File Number 5/5009
O Box Bidg , Room No , if any Ste# 11	P O Box, Building and Room Number, if any
trees 1501 Casho mill Rd.	Street 21 West Rd.
14 Newark	City Tousan
State DE ZIP Code + 4 /97//	Stole md ZIP Code + 4 21200
Position in labor organization VICE President/	Regional Director
<ul> <li>Enter appropriate data below if, during the past fiscal year, you or your toxcoot as specified in the re-</li> </ul>	spouse or minor child directly or indirectly had any of the following interests asclusions set forth in the instructions):
Held an interest in, engaged in transactions (including loans) with onelary value from an amployer whose employees your organi	, or derived income or other economic benefit of ization represents or is actively seeking to represent.
Name and address of Employer (including trade name, it any).	7 a Nature of Interest, Transaction, or Income.
Name	
Frad∈ Name, if any	
P.O. Box, Bidg., Room No., 4 any	
	7.b. Amount
Street .	
City	·
75.0.4	
State ZIF Code + 4	Signaturo
State ZIF Code + 4  15. Signature and verification. The undersigned declares, under penalt submitted in this report (including the information contained in any accompany).	ty of Perjury and other applicable penalties of the law, that all of the information ipanying occuments), has been examined by the signatory and is, to the best of the
State  ZIF Code + 4  15. Signature and vorification. The undersigned declares, under penalty	ty of Perjury and other acquicable penulties of the law, that all of the information ipanying oucuments), has been examined by the signatory and is, to the pest of the

On 8-12-05 302-292-6670 X 13
Date Telephone Number

	<del>na arian</del> and arian and arian	
Name of Person Filing Severadette Wellian	75 File Number U.	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or lensing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or lensing directly or indirectly to, or otherwise dealing with your labor organization or with its trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name Jennings Signand - Cottonneys at have	9 Business deals with	
Trade Name, if any:	a Labor Organization	
P.O. Box, Blag., Room No. if any	b Trust c. Employer	
Street 510 Walnut Street Sondependence Square	·	
State PA. 21P Code - 4/9/06-3683		
10, If 9 bill or 9 cilis checked give trust or employer's name	11 & Nature of such dealing Kashet	
Name	Christma Present - Sweet Backet.	
Trade Name, if any: P O Box, Blog., Room No., if any		
Street	11 D. Approximate dollar value of such dealing 75,00	
City	12 a Nature of interest held or income received.	
State ZIP Code • 4	Xmas gift	
	12 p. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13 a Name and address of Employer of Labor Relations Consultant (including trade name, if any)	14 ង Nature of payment	
Name		
Trade Name, if any		
P.O. Box. Bldg , Room No , if any  Street		

14 b Amount of payment

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

City

State

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

MSOS	
1. File Number U - 13753	2 Fiscal Year Covered From:
	7/1/04 Inrough 6/30/05
Name and address of person filing	4 Name, tile number, and address of kibbr organization
Name Bernadette Williams	Name UFCW Rocal #27
	Labor Organization File Number 5-/5-0-9
P.O Box, Big , Room No., if any Statt	P.C. Box, Building sing Room Number, if any 5/500 9
Street 1501 Casho mill Rd.	Street 21 West Rd.
City Hewark	City Tougon
State DE. ZIP Code v 4 / 97//	<u> </u>
5. Position in Labor organization Vice President	Jegonal Director
Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the	r spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):
A Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ	n, or derived income or other economic benefit of tization represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, ir any).	7 a Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any	
P.O. Box, Bidg., Room No., if any	7.b. Amount
Street	· · · · · · · · · · · · · · · · · · ·
City	
State ZIP Code + 4	
	Signature
15. Signature and verification. The undersigned declares, under pena submitted in this report (including the information contained in any according undersigned's knowledge and belief, true, correct, and complete. (See t	alty of Perjury and other applicable penalties of the law, that all of the information inpunying occuments), has been examined by the signatory and is, to the cest of the line section on penalties in the instructions.)

Name of Person Filing Secretality Williams	File Number U-	
B. Held arf interest in or derived income or economic trenefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or satisfing or leasing directly or indirectly to, or otherwise, dealing with your labor organization or with a trust-in which your labor organization is interested.		
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name O'Brien, Belland + Bushinshy W. Trade Name, if any:	( a Labor Organization	
P.O. Box, Bidg., Room No., if any	b Trusi	
Sweet 2111 New Road Suite 101	c. Employer	
Civ Horthfield,		
State New Jersey ZIP Code - 4 08 2 25	-	
10, if 9 b or 9 c is checked give trust of employer's name	11 a Nature of such dealing	
Name	Xma got.	
Trade Name, if any:		
PO Box, Blag., Room No., if any		
Street	11 D. Approximate dollar value of such dealing 100.00	
City	12 a. Nature of interest field or income received.	
State ZIP Code • 4	X-mas gift	
·		
	12 b Amount.	
C. Received from any employer (other than an employer covered under parts A and 8 above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13 a Name and address of Employer or Labor Relations Consultant tinduding trade name, it any)	14 a feature of payment	
Name		
Trade Name, if any		
P.O. Box, Bidg., Room No. if any		
Sysel		

14 5 Amount of payment

13,p. is the Business an Employer

ZIF Code + 4

or Consultant

City

State

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2005

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E	QLMS OF

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13753	2 Fiscal Year Covered From:				
	7/1/2004 nrough 6/30/2005				
3 Name and aggress of person filing	4 Name, file number, and appress of labor organization				
Name Bernadette Williams	Name YFCW focal #27				
att.	Labor Organization File Number 5/500 9				
P.O Box, Bidg, Room No., if any Scates 11	P.O. Box, Building and Room Number, if any				
Street 1501 Casho mill Rd.	Street 21 West Rd.				
City Newark	City Tousan				
State Ne ZIP Coce + 1 /97/	1 State MA _ ZIP Code • 4 21204				
5. Position in labor organization					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, it any).	7 a Nature of interest, Transaction, or Income.				
Name	·				
Trade Name, if any					
P.O. Box, Bidg., Room No., if any	70.44				
Street	7.b. Amount				
City					
State ZIP Code - 4					
Signaturo					
15. Signature and vorification. The undersigned deciares, under penalty of Perjury and other applicable penaltitis of the law, that all of the information submitted in this report (including the information contained in any accompanying outcuments), has been examined by the signatory and is, to the cest of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Elenadette Williams on 8-12-05 302-292-6670 X13.					

Telephone Number

Name of Person Filing Bernadette Wellia	2735	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or dinerwise dealing with the pusiness of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or salling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8 Name and address of Business (including trage name if any)	9 Business deals with	·			
Name and address of Business (including trade name il any) Name UFC W Legional Pensionalural	a Labor Organiza	lion			
Trade Name, if any:	b Typese	,			
PO. Box, Blog., Room No., Il any Street 27 Roland Que Sente 100	c. Employer				
City mount Sheerel					
Coy Mauri Philip	7	·			
State 108 21F Code - 4 08054-105	K .				
10. If 9 bill or 9 clus checked give trust or employer's nagge	11 8 Nature of such deals	ing the			
Name UFCW Regional Pension	IFEBP-	Trustee + administrator Institute Registration	fee		
Trade Name, if any: Reimburaments	and	Invotee + learning traction of Institute - Registration of hotel deposit for	V		
P.O. Box, Bldg. Room No., if any	2000	& Benefit Conference	•		
Street	11 b. Approximate dollar valu	ue of such dealing \$885,00			
City	12 a Nature of interest hel	d or income received.			
State ZIP Code • 4	2005	Benefit Conference	ئے		
		The Hear			
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	12 t Amount				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other ining of value.					
13 a Name and address of Employer of Labor Relations Consultant (including trade name, if any)	14 a Nature of payment				
Name					
Trade Name, if any					
P.O. Bax, Bldg , Room No , if any					
Street					
City					
State ZIP Code + 4		}			

14 b. Amount of payment

13.b. is the Business an Employer

or Consultant

Name of Person Filing Sernadette Wellia	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).  Name UFCW Regional Sension Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 27 Roland Que Sente 100  City Mount Faurel  State 79. Do or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street City  State 2P Code + 4  ZIP Code + 4  ZIP Code + 4	9. Business deals with:  [ a. Labor Organization  [ b. Dust  [ c. Employer  ] c. Employer  [ a. Nature of such dealing.  [ J. F. E. B. P. Trustee + Colonization of the Nephrical Rejection of the Nephrical Rejection of the Nephrical September 1, 200.  [ Reimbursell September 1.5. Approximate dollar value of such dealing.  [ A. Nature of interest held or income received.  [ A. Nature of interest held or income received.  [ A. Nature of interest held or income received.					
	12.b. Amount.					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street						
City						
State ZIP Code + 4						
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.					